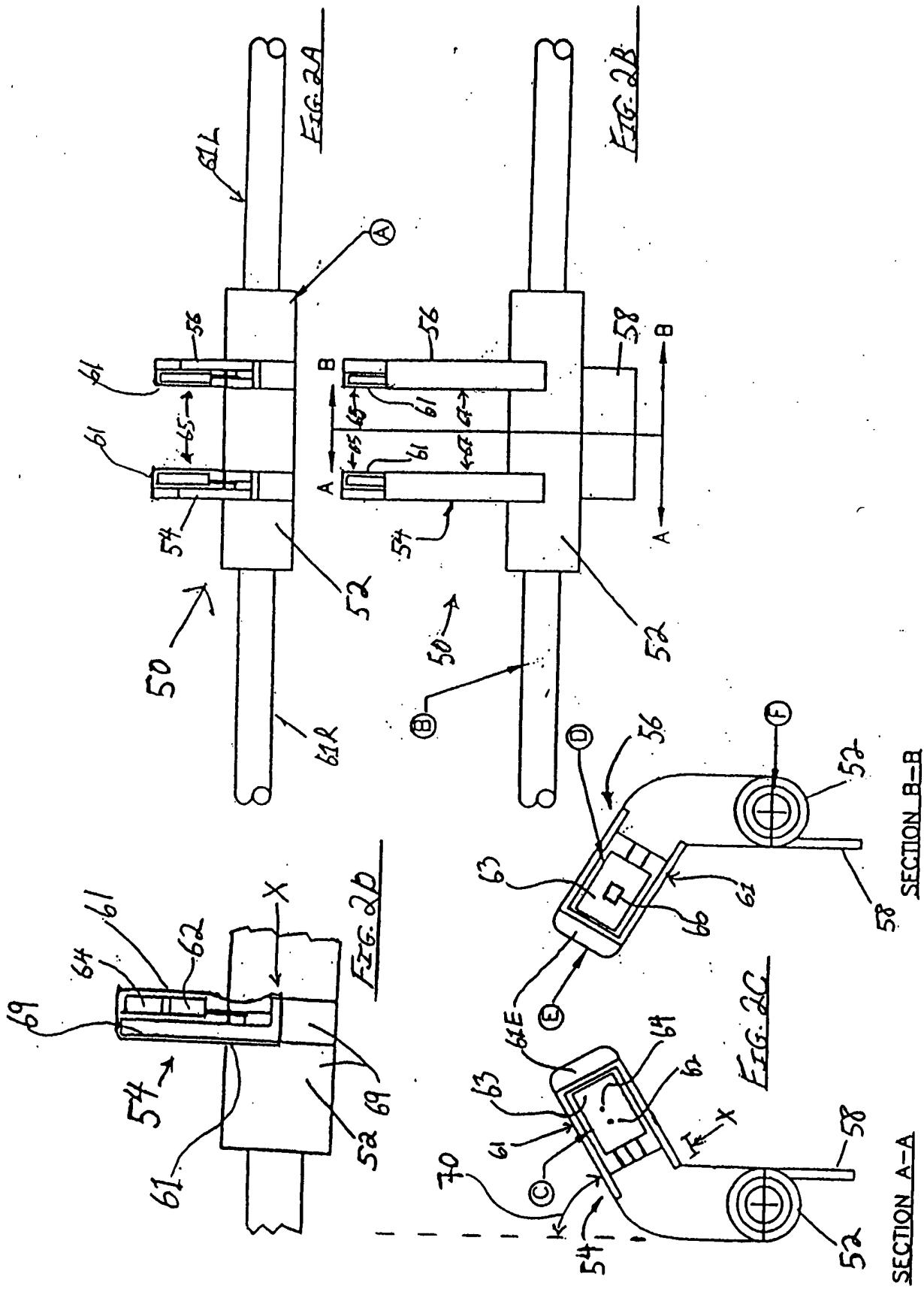


FIGURE 1



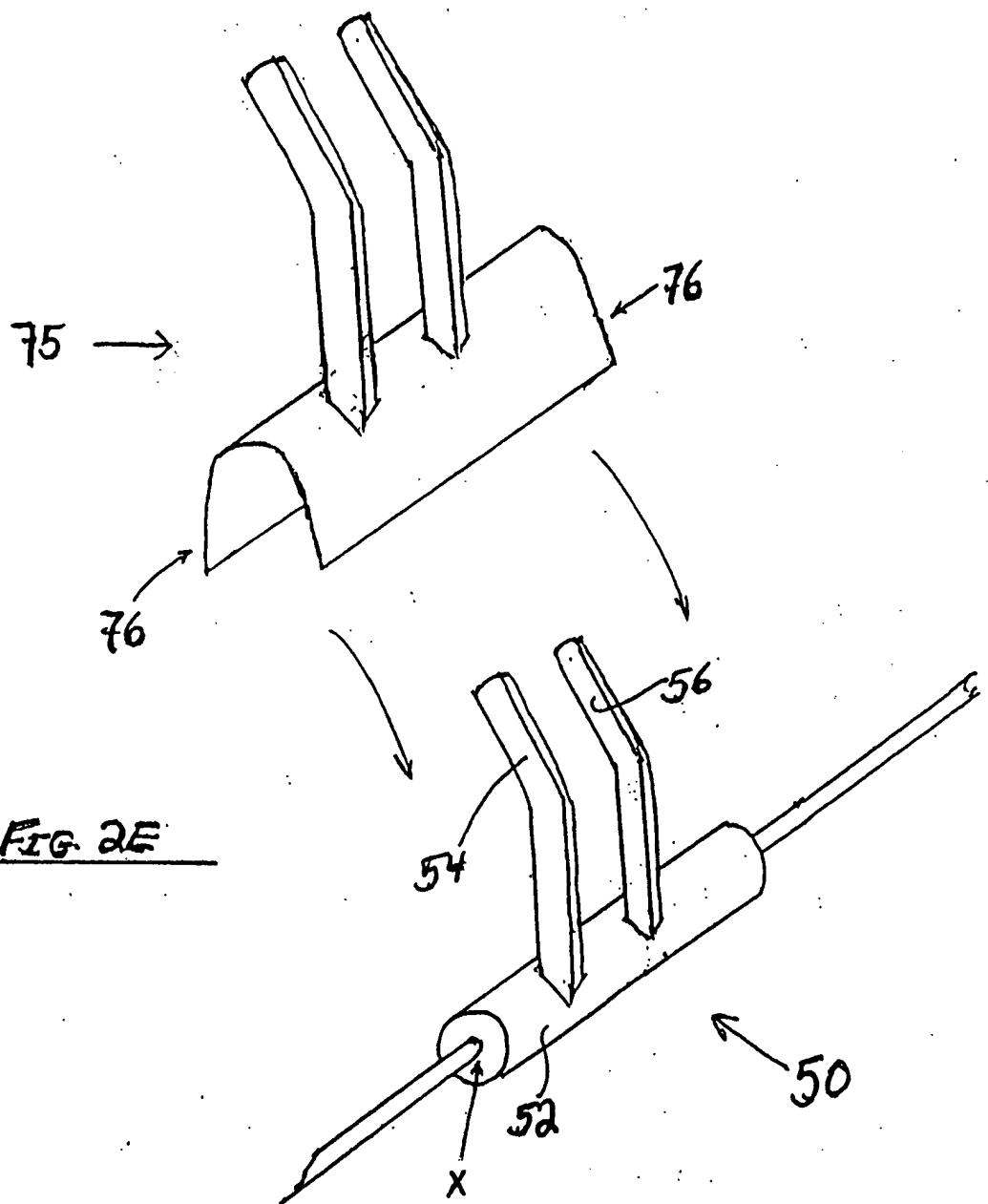


FIG 2E

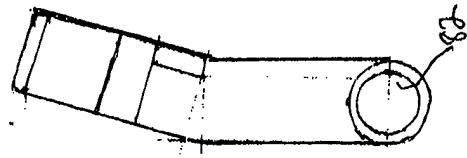


FIG. 2G

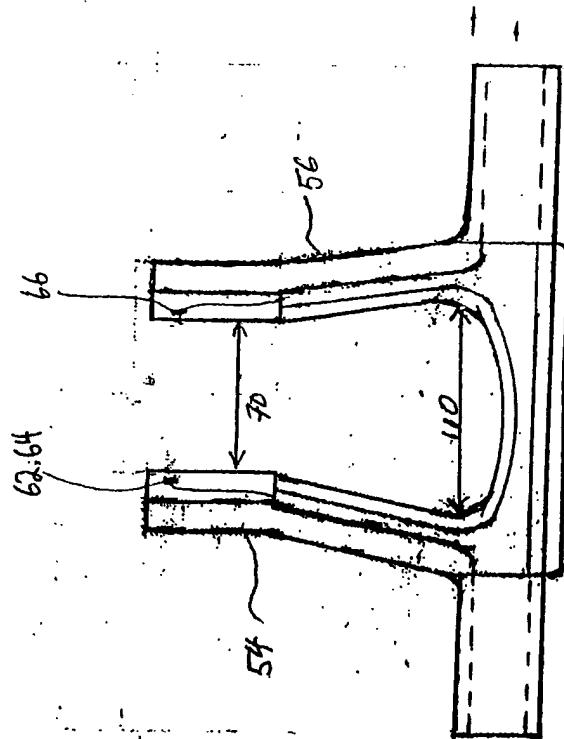


FIG. 2F

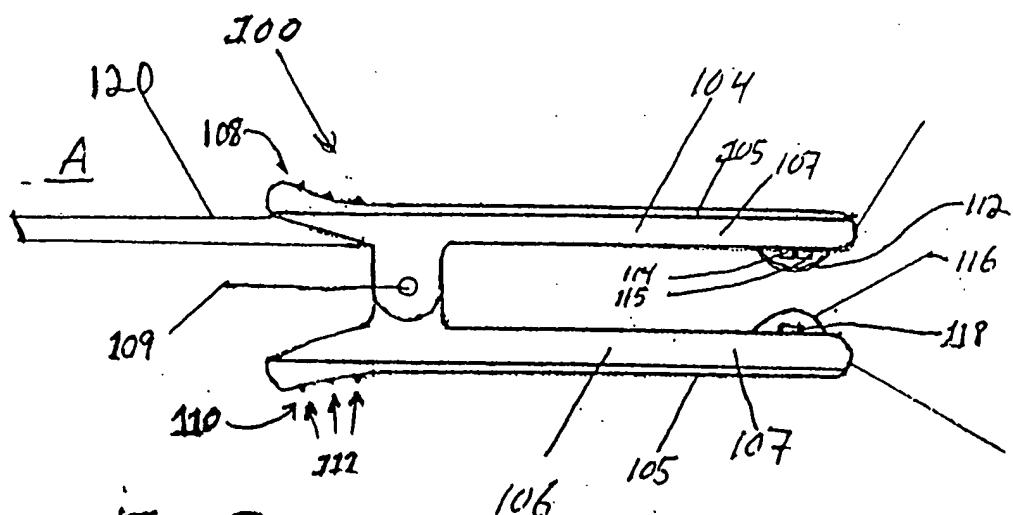
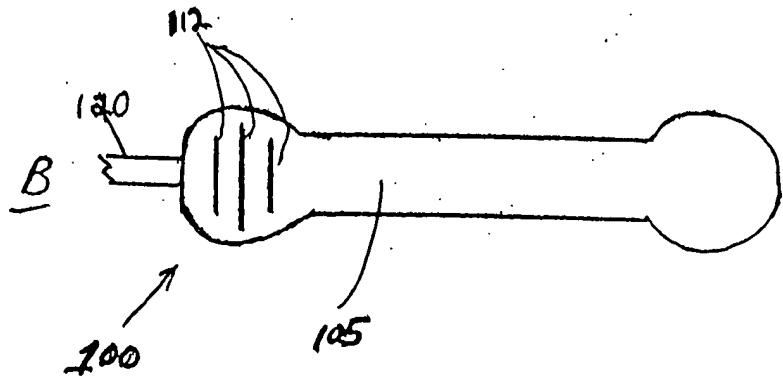


FIG. 3

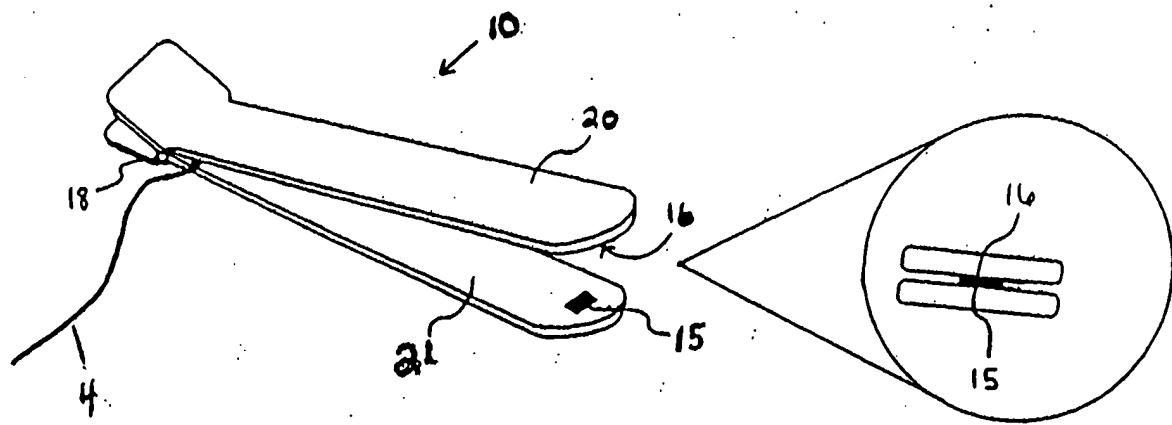


FIGURE 4

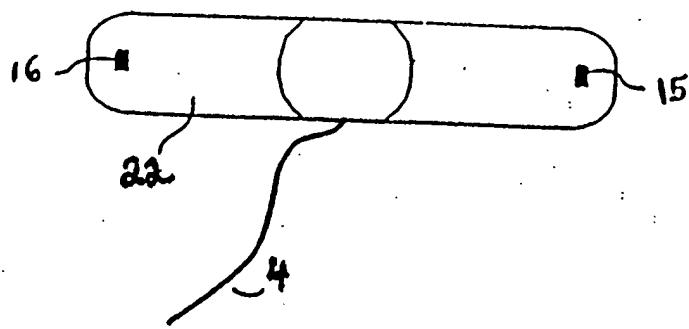


FIGURE 5

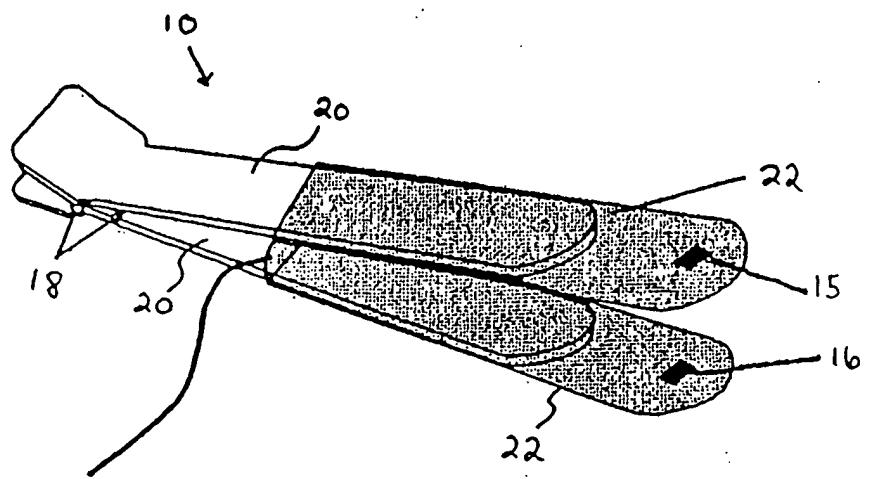


FIGURE 6

A METHOD OF USING IDENTIFYING AND MONITORING
VASCULAR PERfusion/RESISTANCE

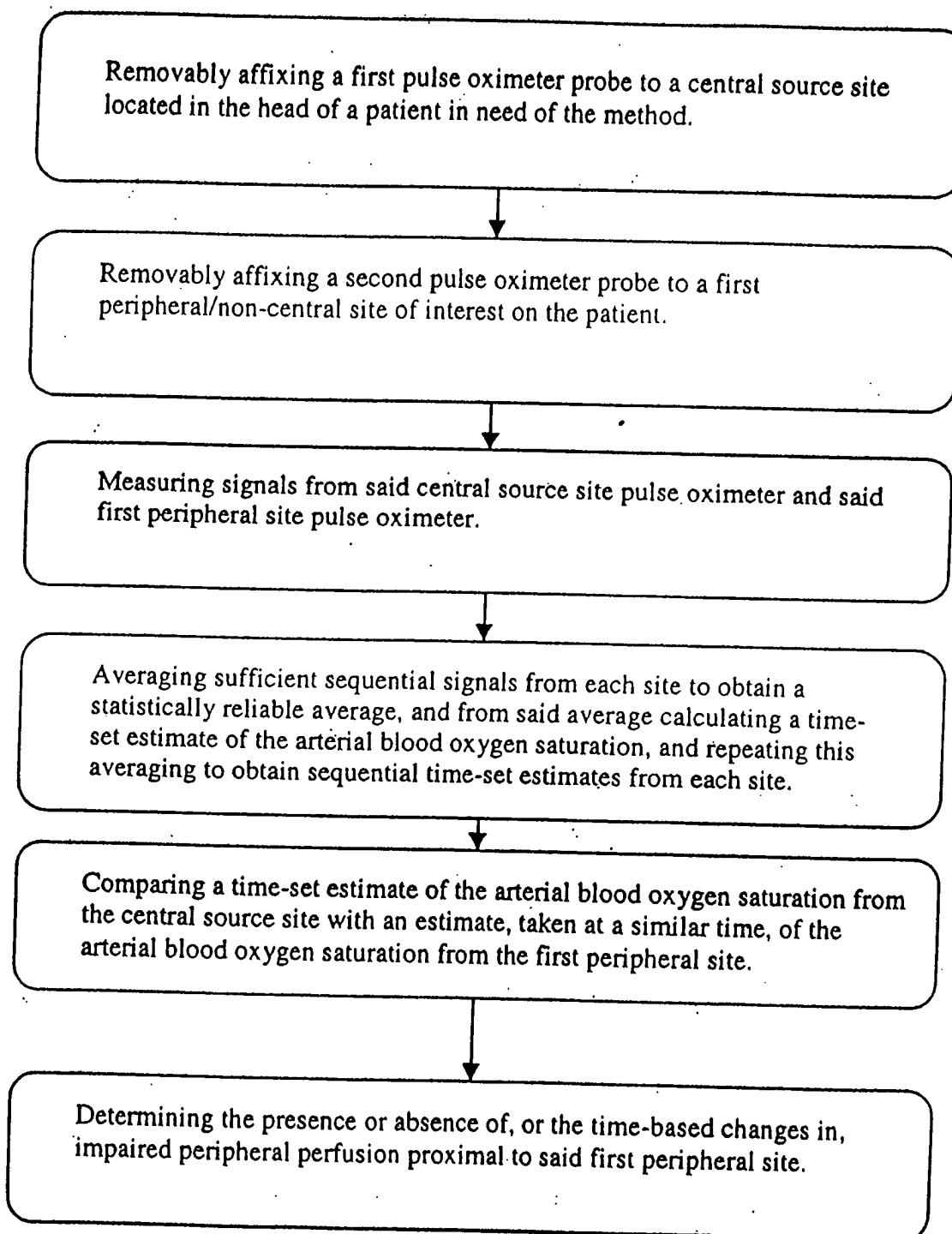


FIGURE 7

FIGURE 8B

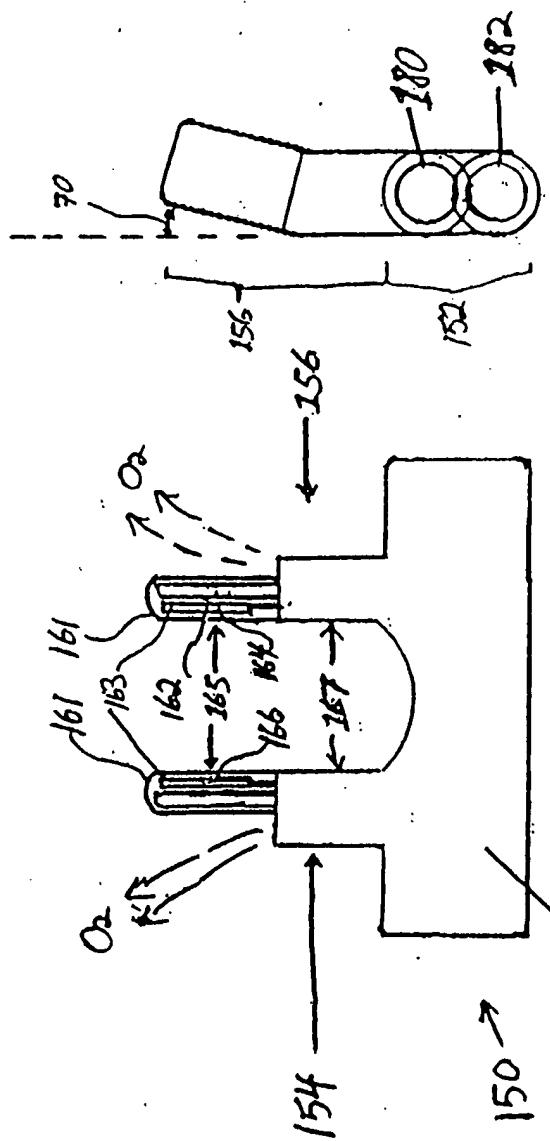


FIGURE 8A

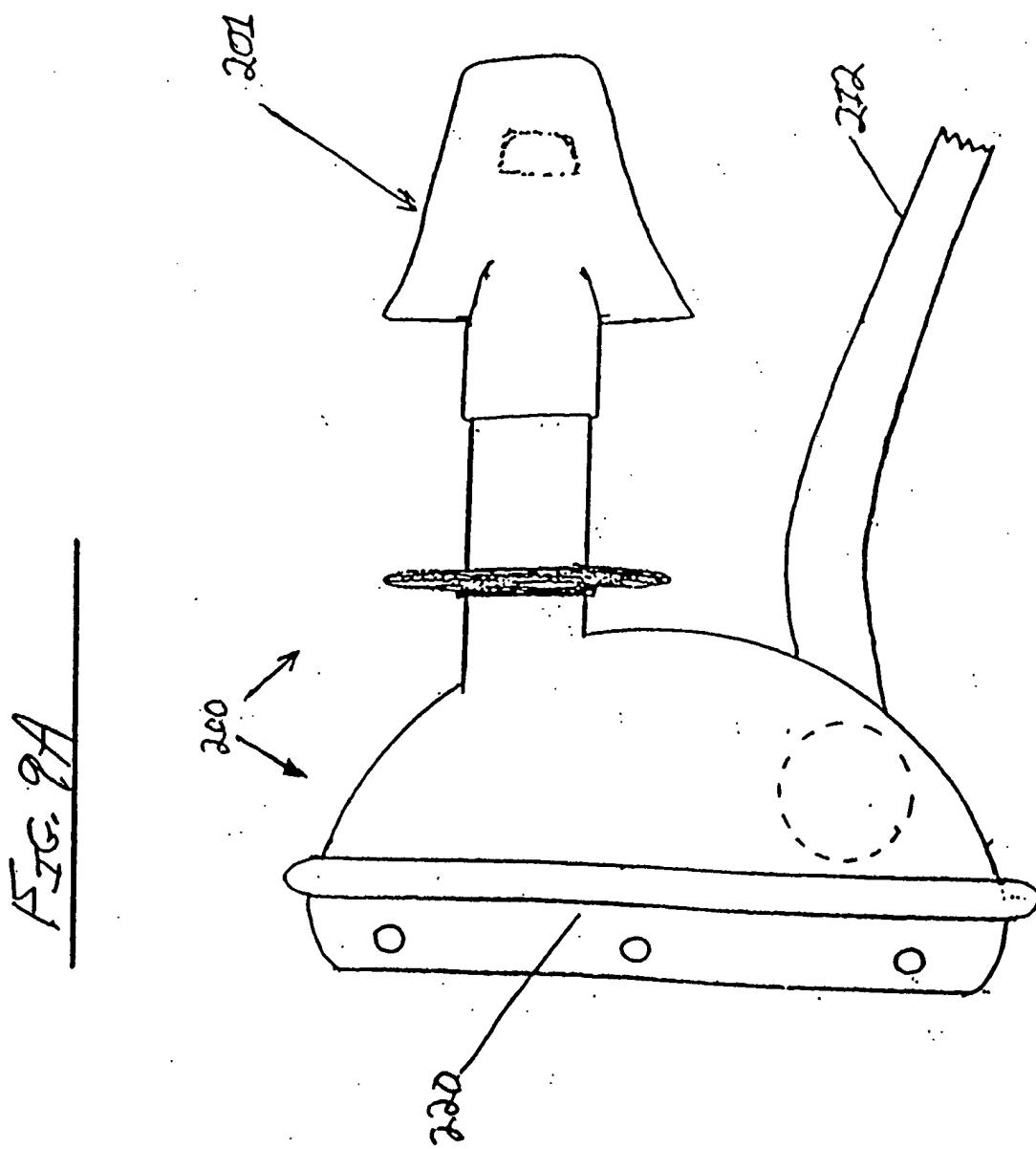
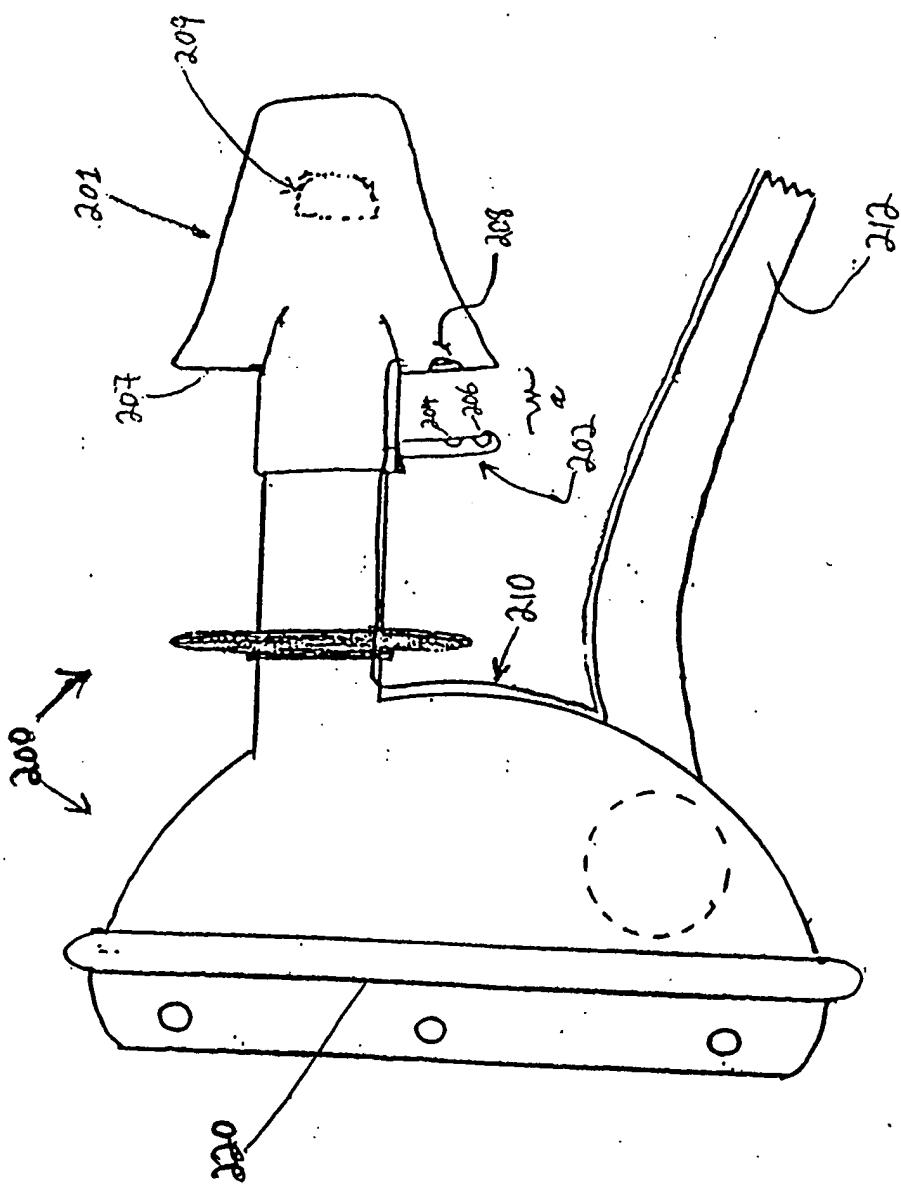


FIG. 9B



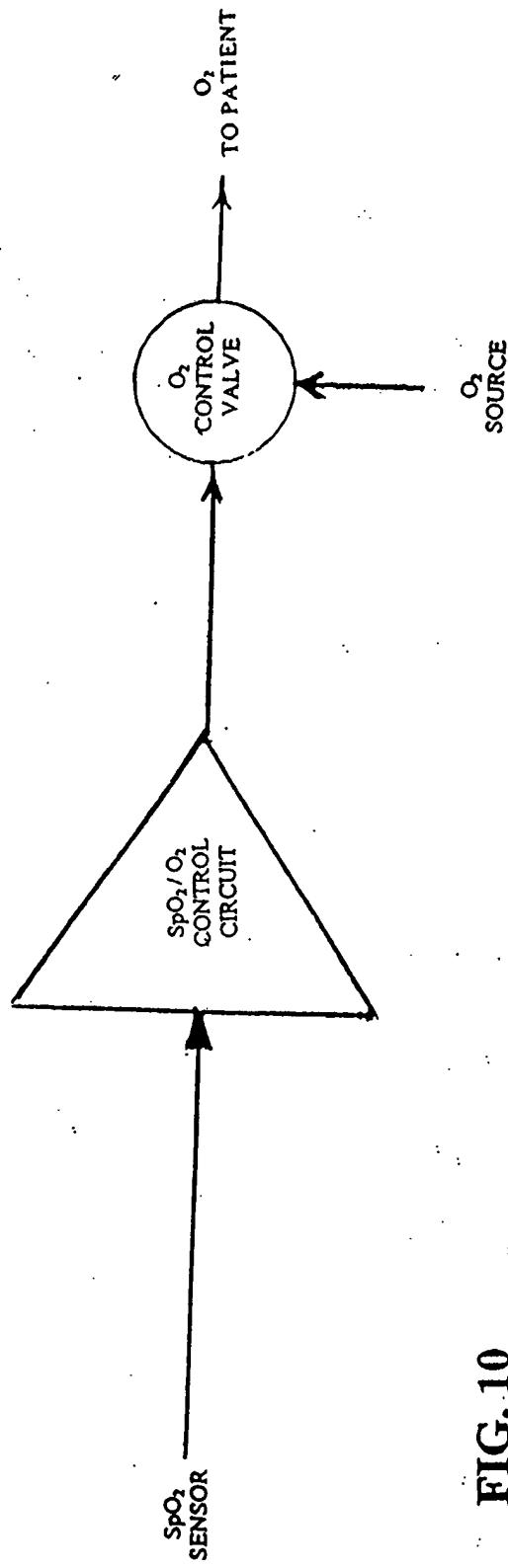


FIG. 10

Figure 11

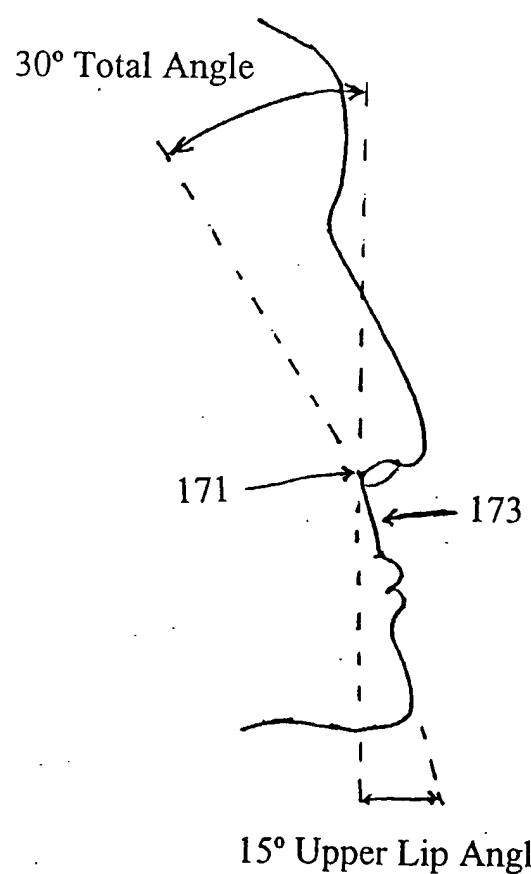


Figure 12A

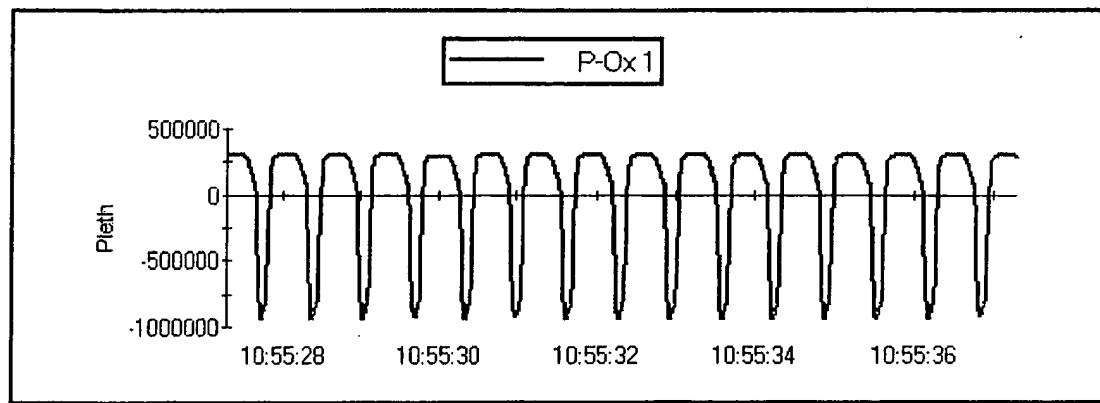


Figure 12B

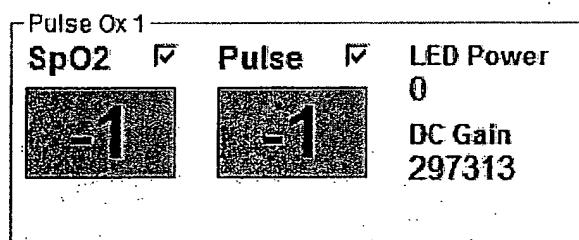


Figure 13A

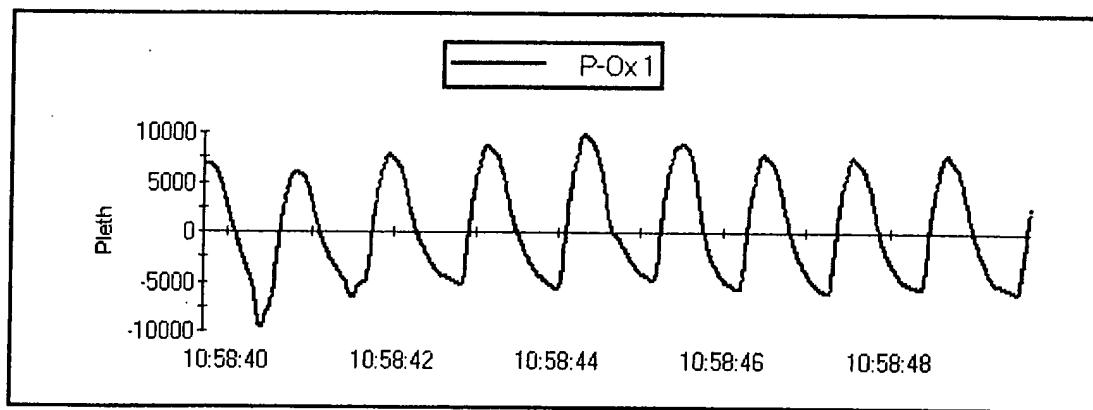


Figure 13B

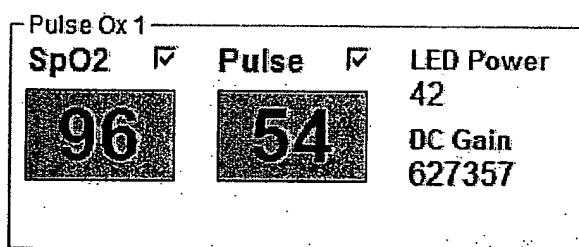


Figure 14A

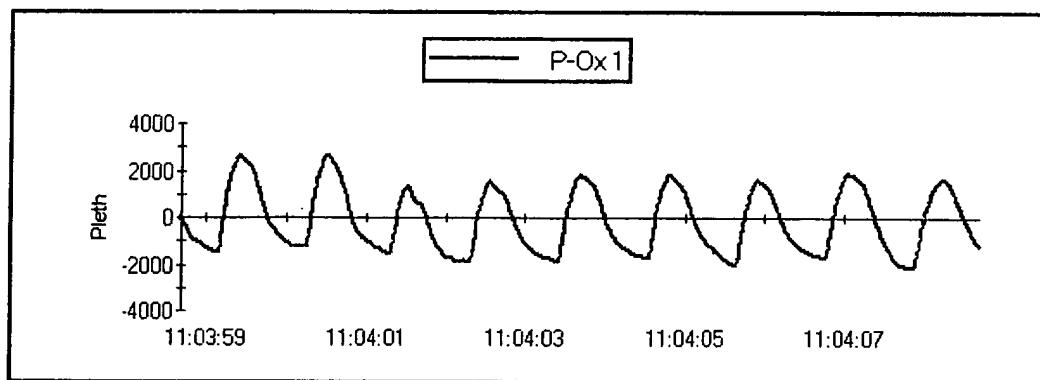


Figure 14B

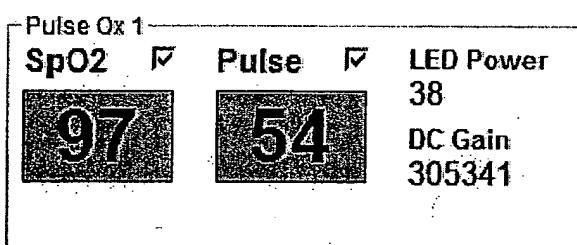


Figure 15A

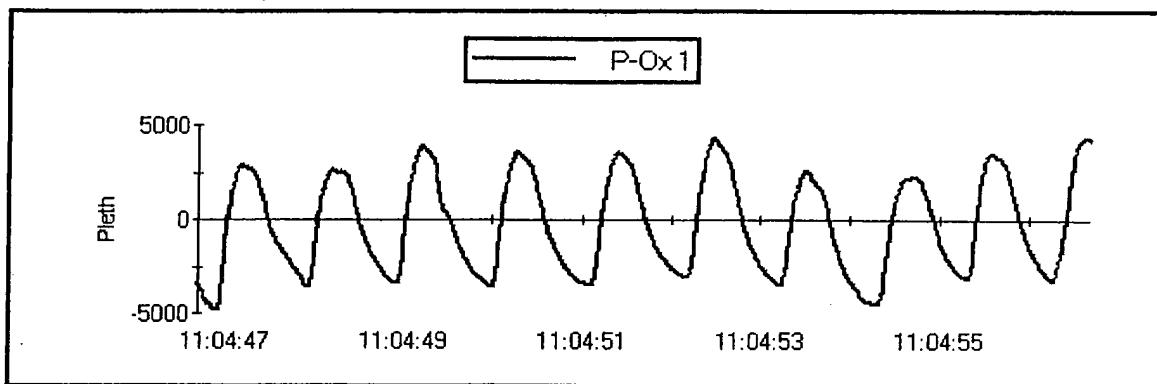


Figure 15B

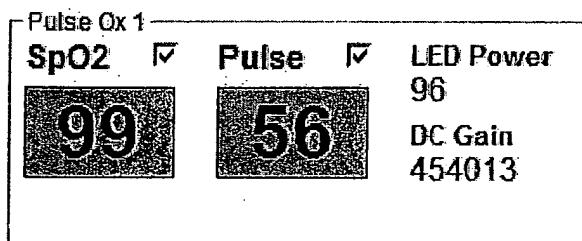
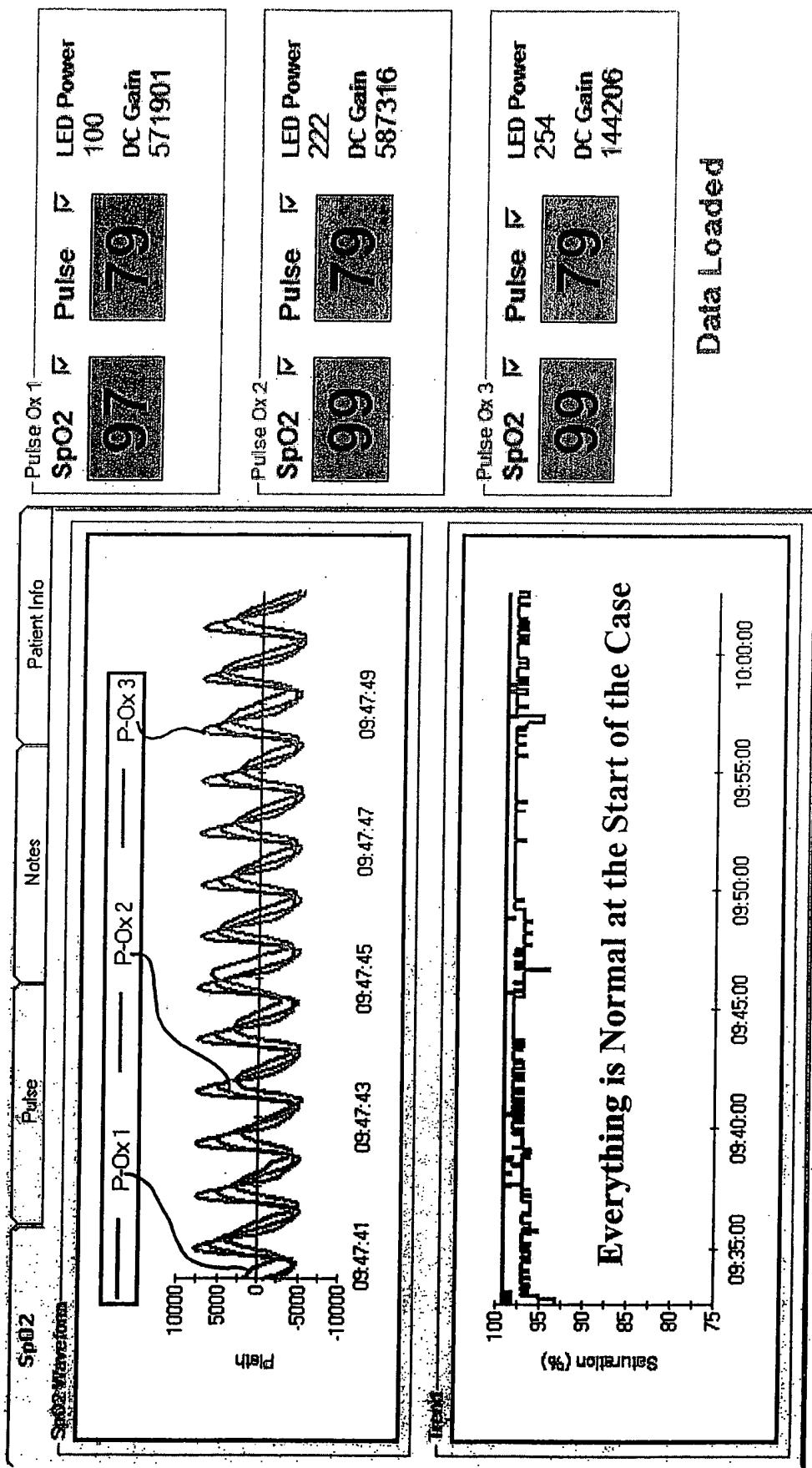


Figure 16A



After a Minute the Nasal and Cheek Probes
Resumed Functionality and the Finger did Not.

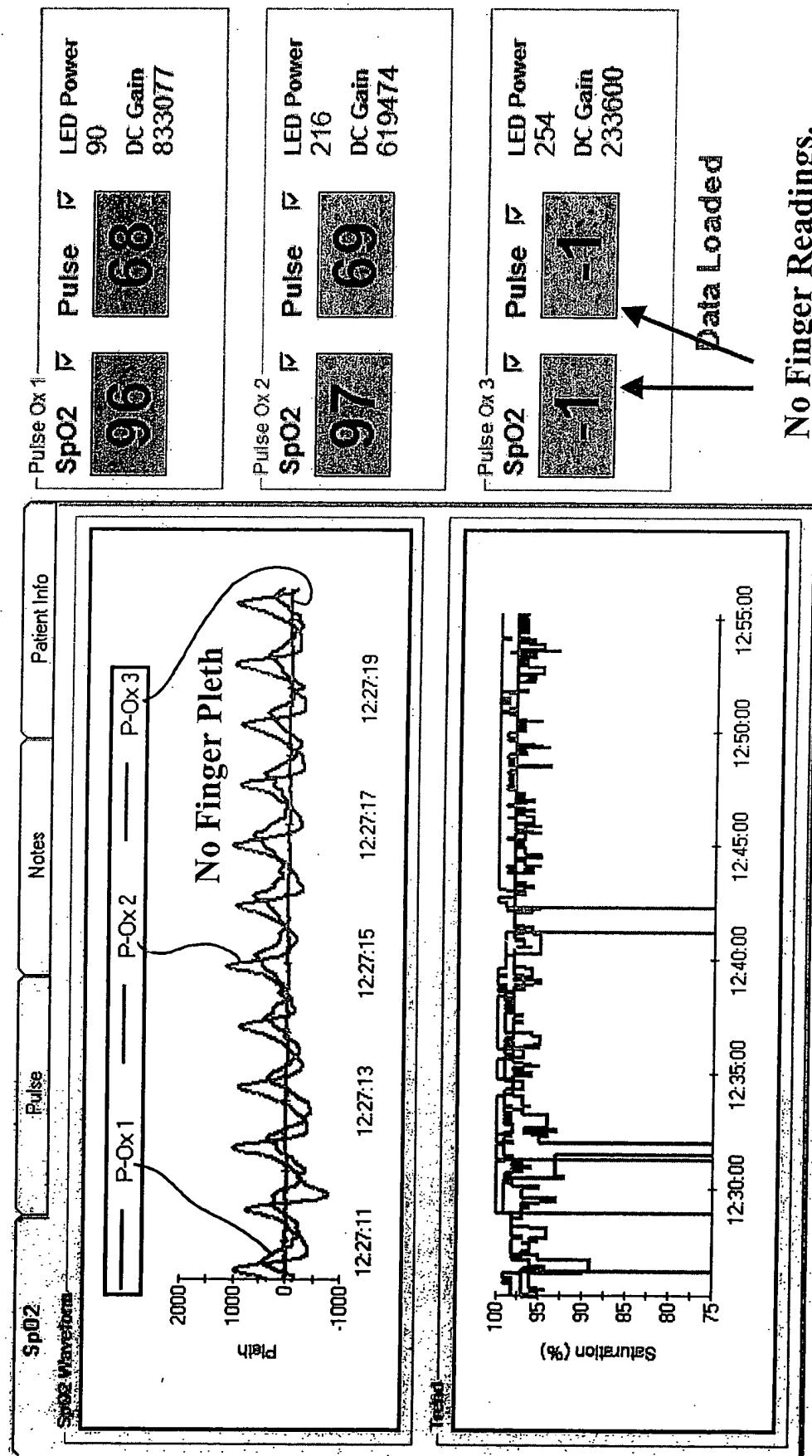


Figure 16B

No Finger Readings.

As the Case was Ending, Flow was Resumed and Everything was Working Once Again.

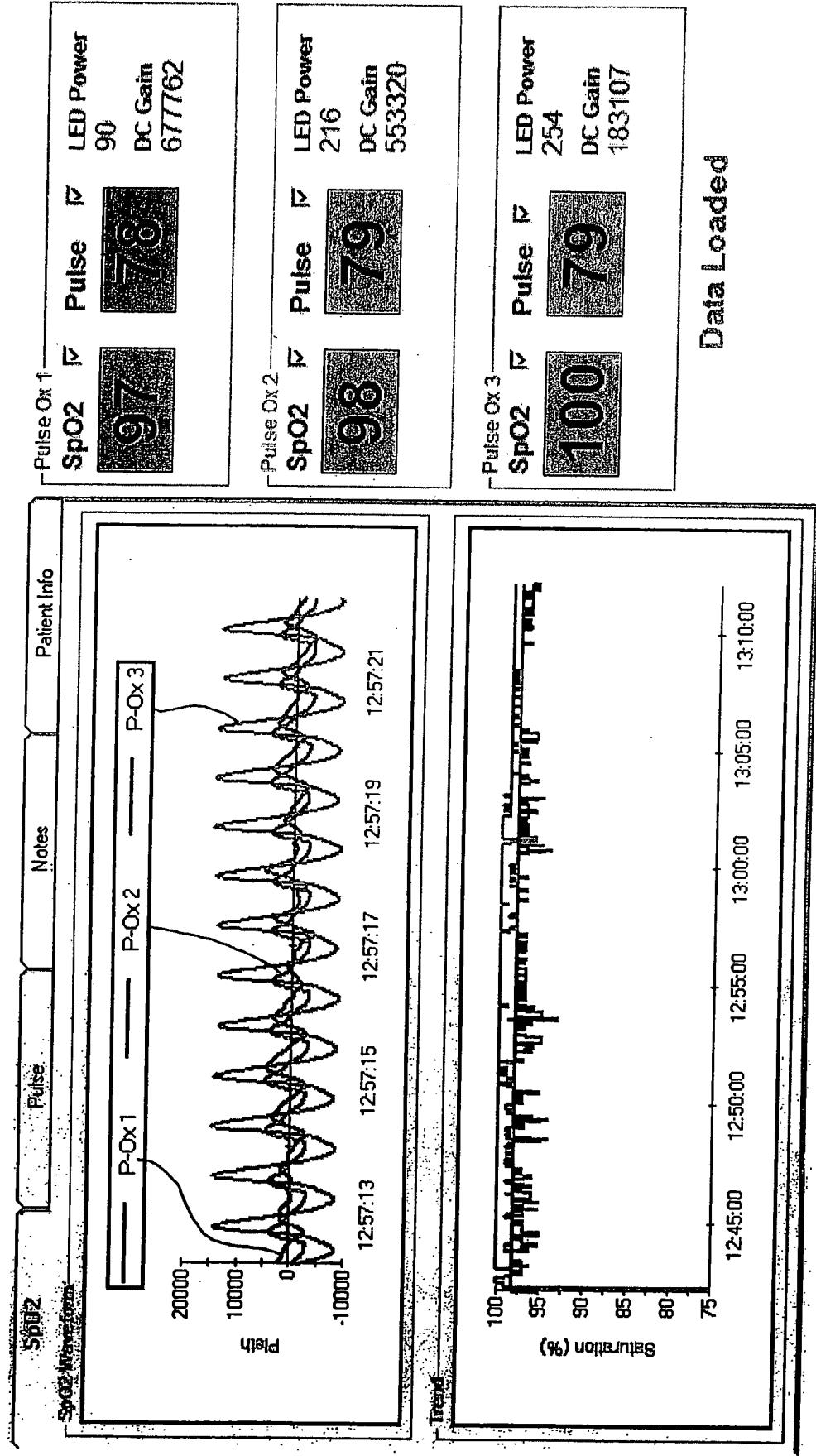


Figure 17A

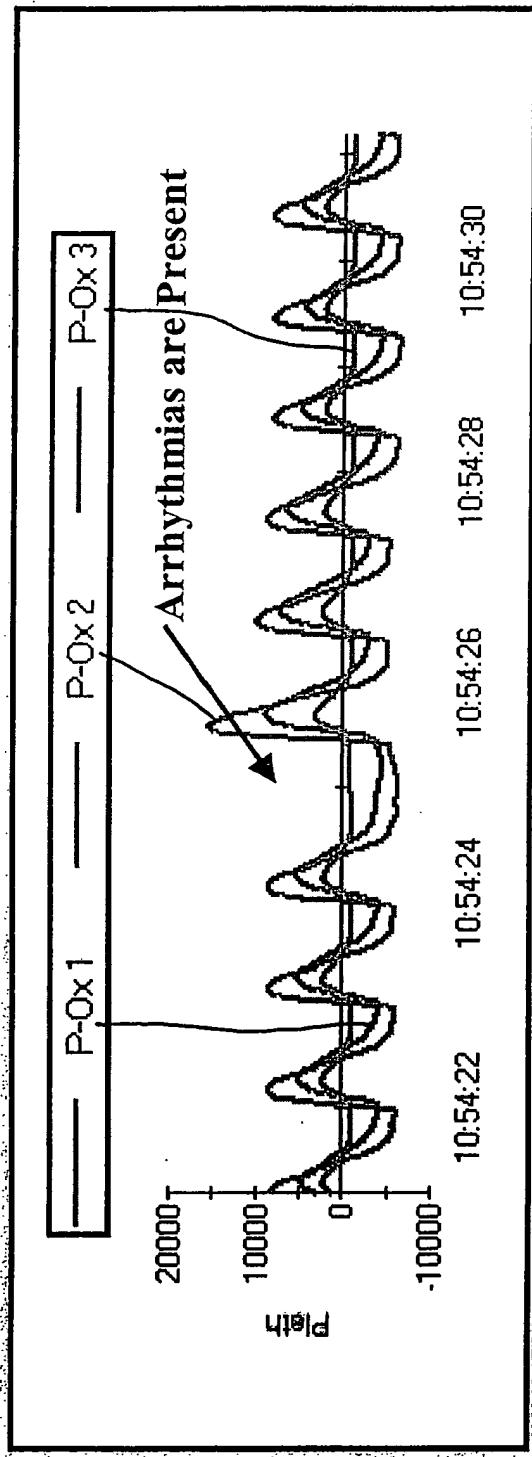


Figure 17B

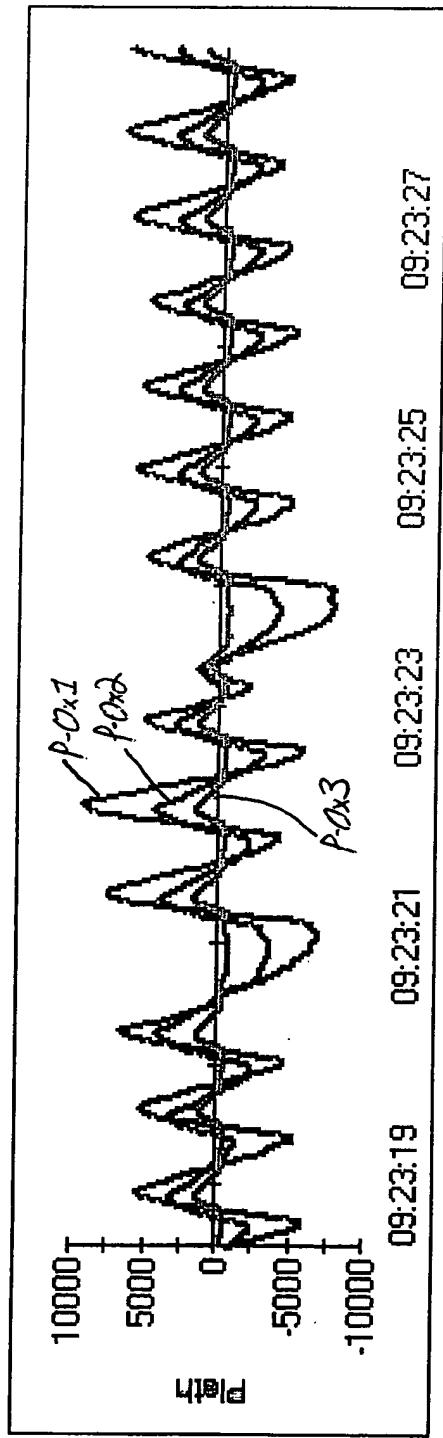


Figure 17C

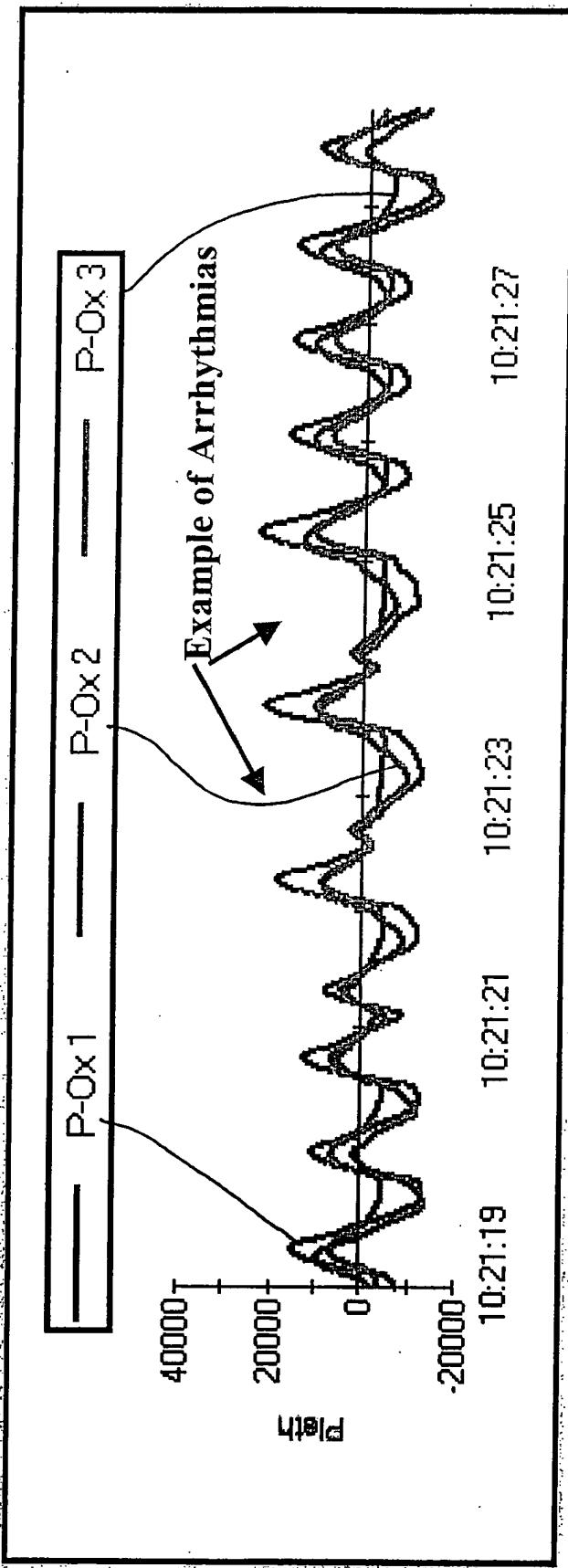
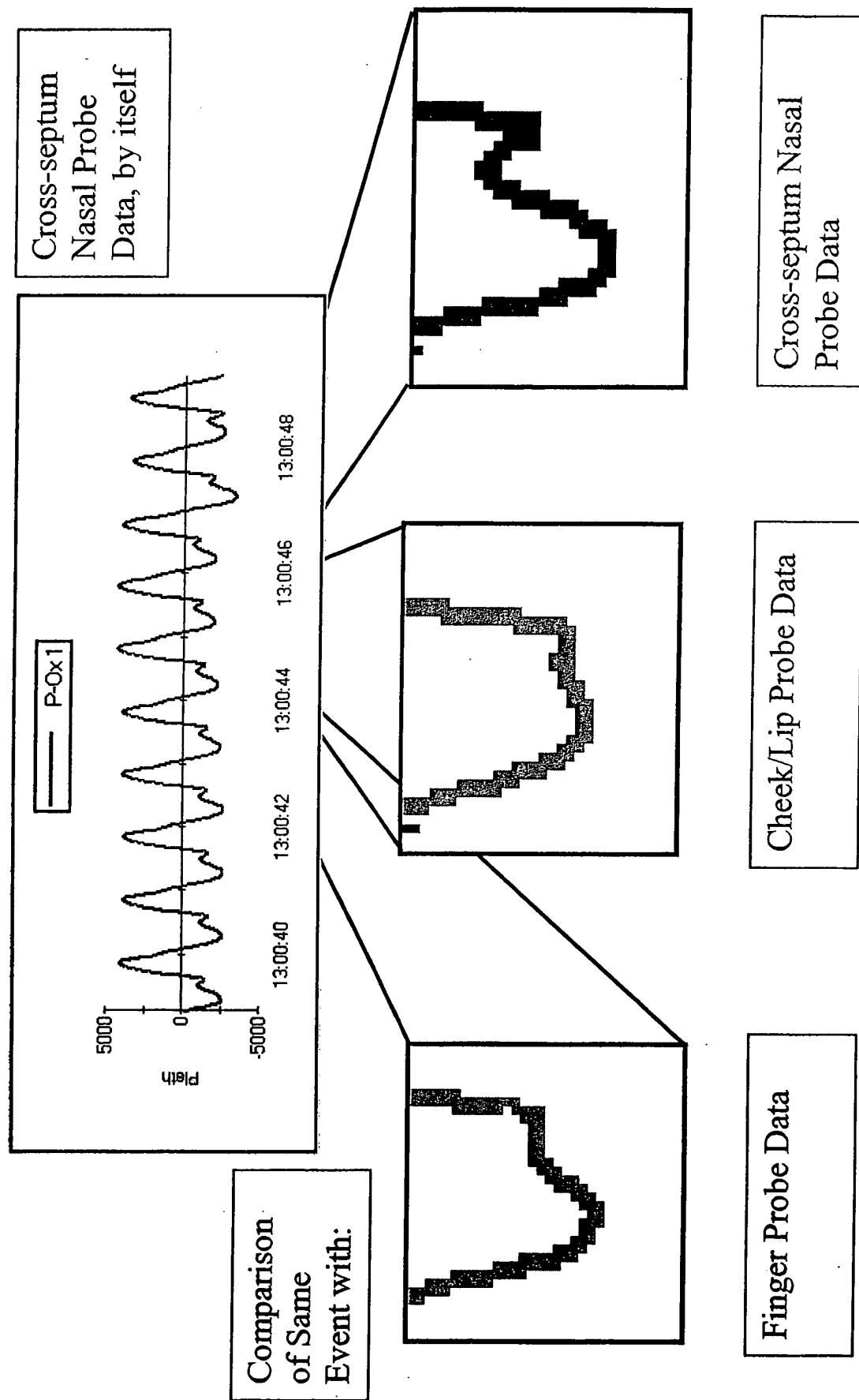


Figure 17D



Approx. 0 Degrees. Too inferior and posterior

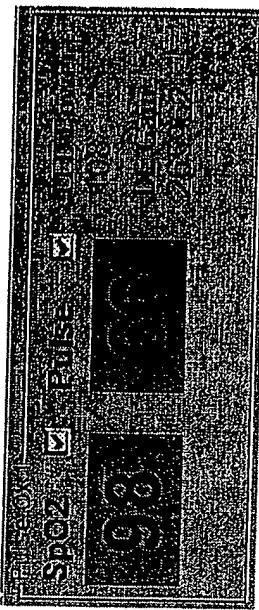


FIG. 18A

Approx. 15 Degrees. Over the Plexus

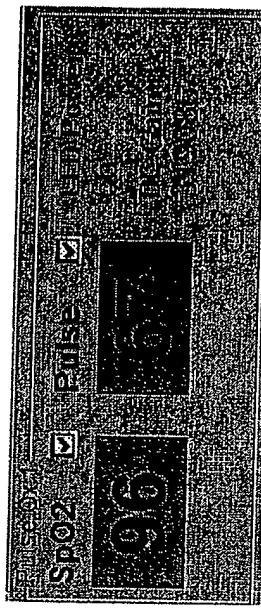


FIG. 18B

Approx. 30 Degrees. Too anterior and superior

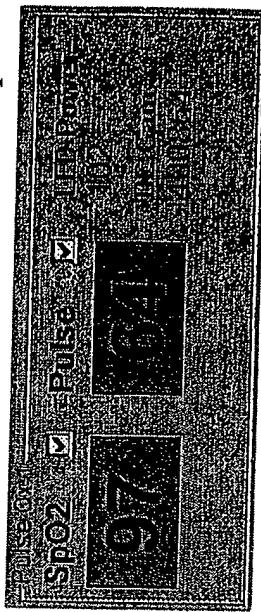
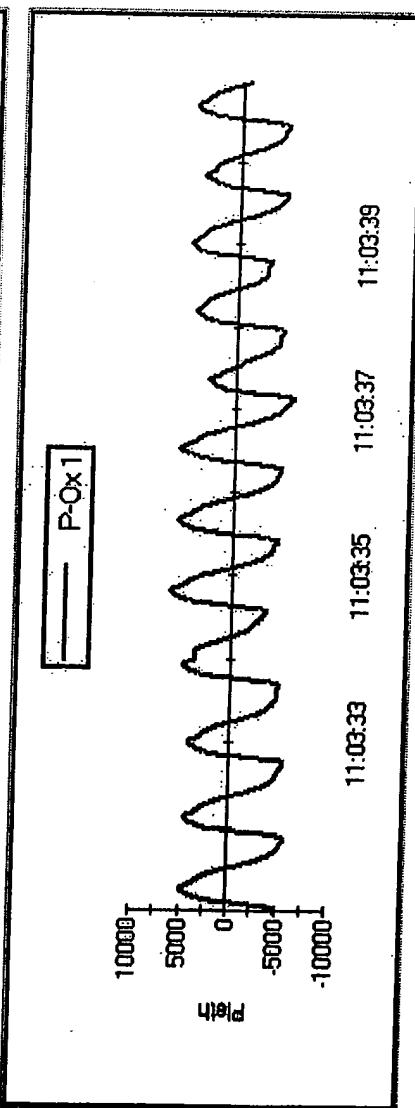
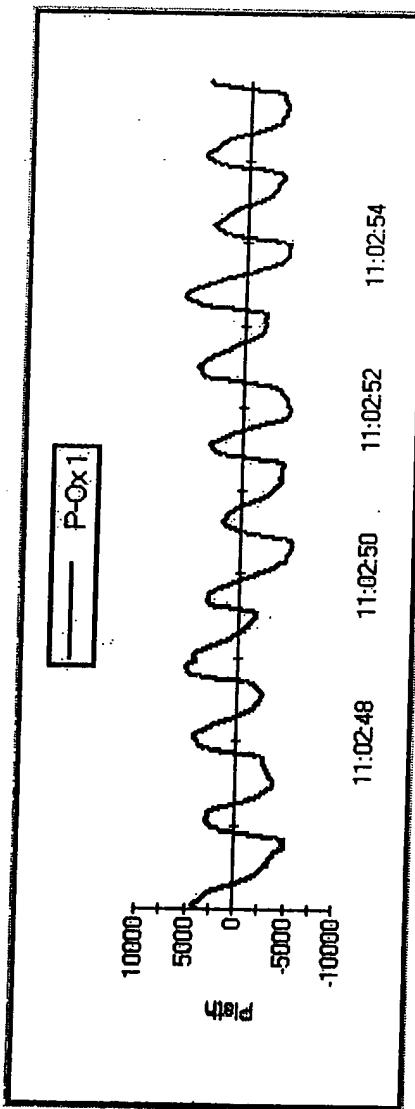
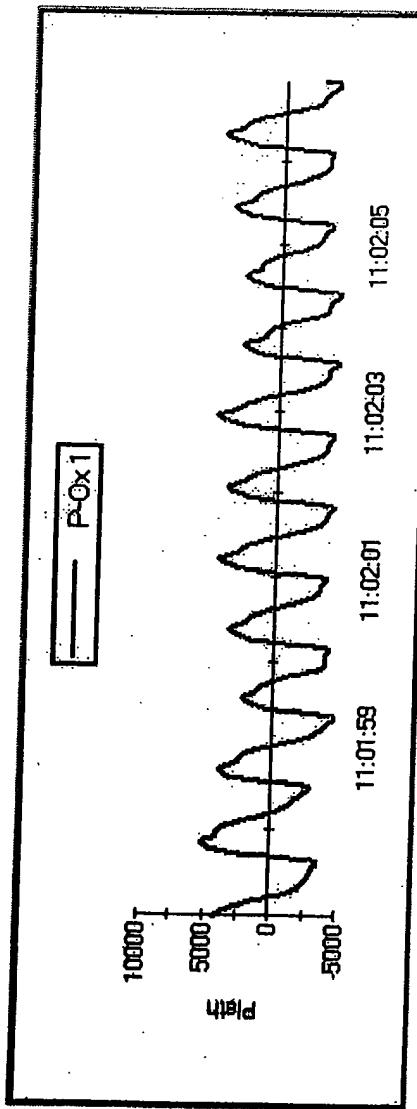


FIG. 18C



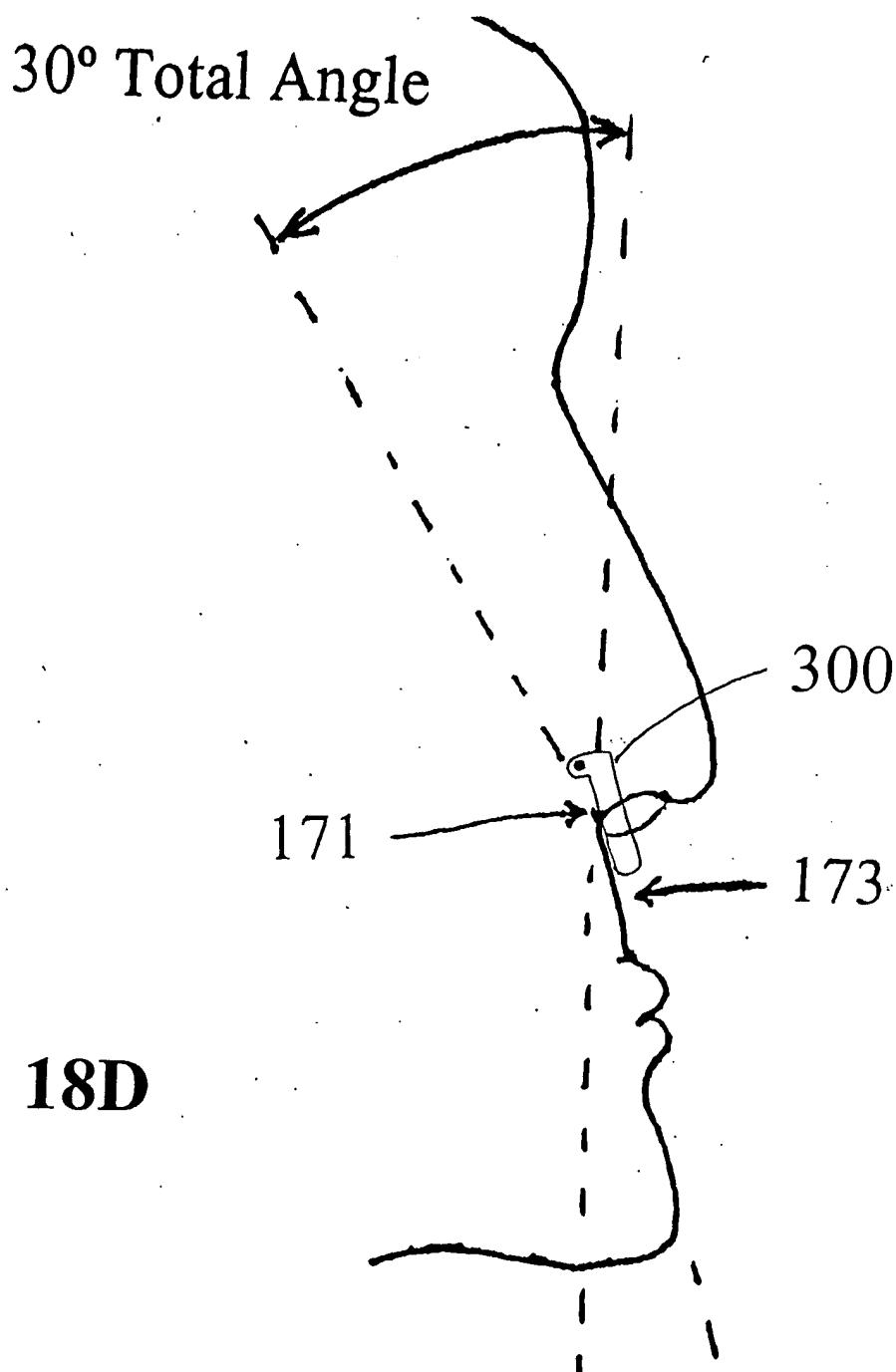
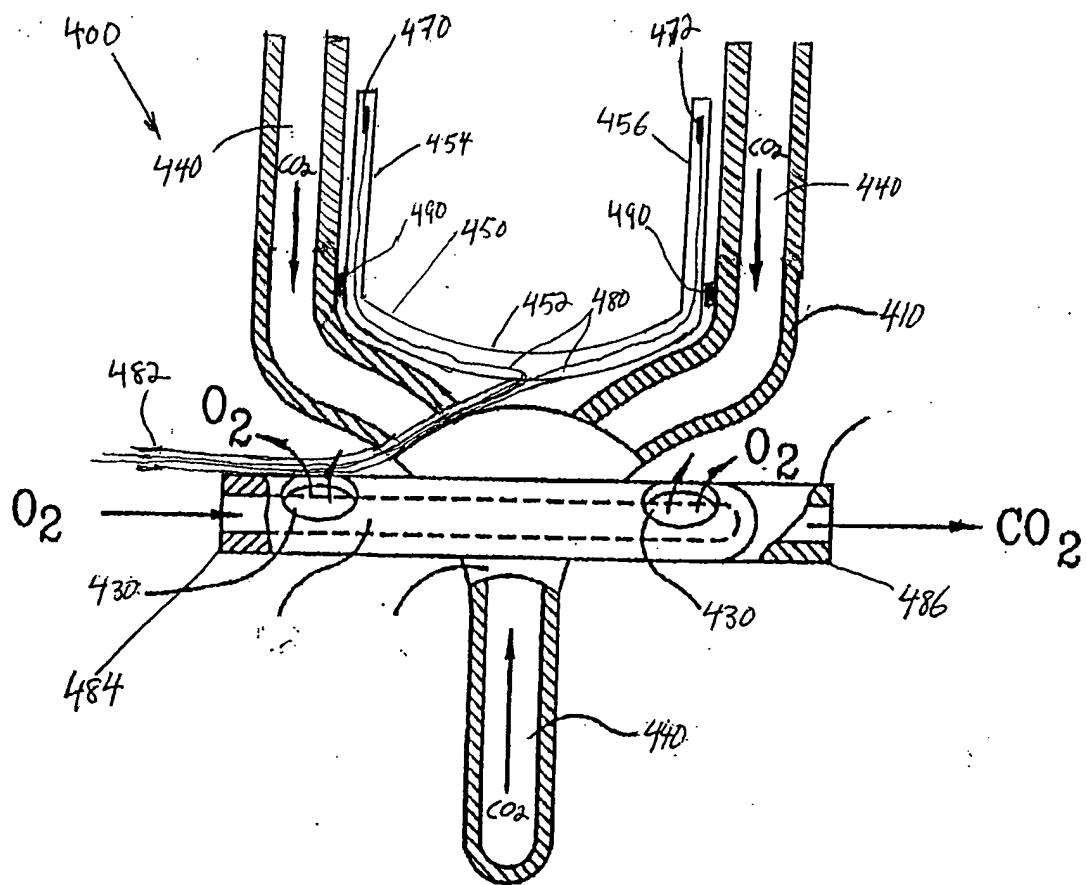


FIG. 18D

15° Upper Lip Angle



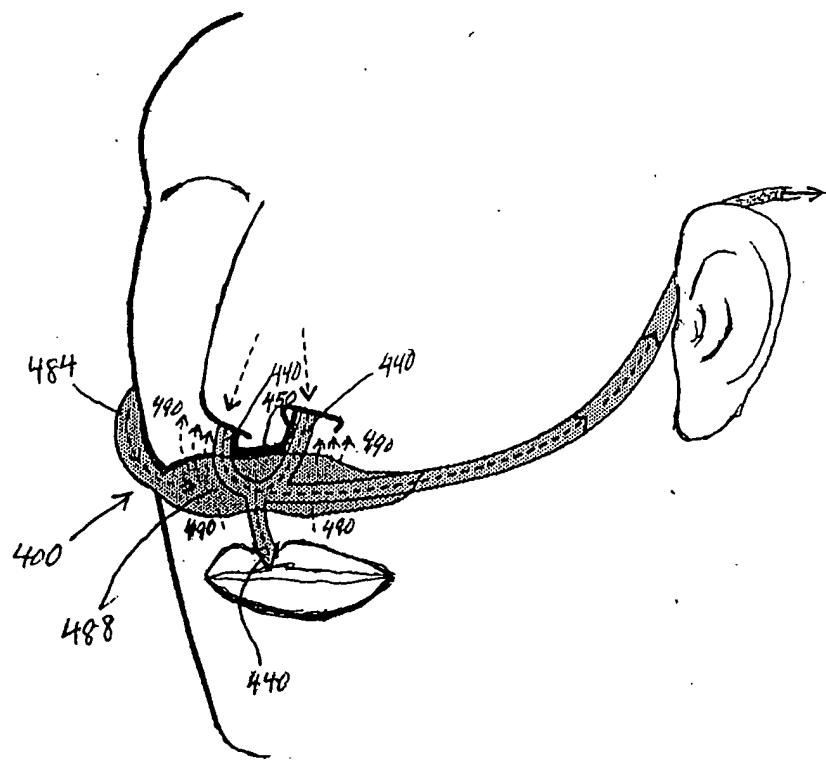


Figure 19B

Figure 20

